

City of Newton

Treasury and Collection Department

James G. Reardon, Treasurer and Collector

1000 COMMONWEALTH AVENUE

NEWTON CENTRE, MA 02459

TELEPHONE (617) 796-1330

FACSIMILE (617) 796-1343



Setti D. Warren
Mayor

VENDOR FUNDS

ABANDONED and UNCLAIMED PROPERTY CLAIM FORM

Name (as appeared on website)	Name and Address

Claimant must sign below (if more than one person is entitled to the property both or all must sign). Under penalties of perjury, I declare that my claim of ownership to this property is true, absolute and complete.

I (we) have not sold, assigned, transferred, pledged this property, nor given it away nor authorized nor empowered any person or persons, corporation or association to draw any amount on same.

Owner Signature

Last 4 of SS# or full Tax Identification Number

Date

Co-Owner Signature (if applicable)

Last 4 of SS# or full Tax Identification Number

Date

(____) _____
Telephone Number

We need the following to process your claim:

Name, Address, Social Security or Tax Identification Number, Telephone Number and Signature.

If all the information is not completed, the claim will not be processed.

NOTE: Make a copy of the claim form for your records and return the original completed form, along with any necessary documentation to the address shown above. An original signature is required. Electronic copies, photocopies and faxes will not be accepted.

FOR OFFICE USE ONLY – PLEASE DO NOT WRITE BELOW THIS LINE

CHECK NUMBER

DATE

AMOUNT

DESCRIPTION